Assassination Records Review Board
Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10068-10363
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 11
Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 9

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10068-10363

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 01/01/77
PAGES : 11

SUBJECTS :
HSCA, ADMINSTRATION
GRIMES, MARY SUSAN

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/07/93

OPENING CRITERIA :

COMMENTS :
Box #:1.

[R] - ITEM IS RESTRICTED

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	12/31/78
Employee Social Security Number	**Type of Action**
212-56-6718	☐ Appointment ☐ Salary Adjustment ☐ Title Change ☒ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business_________________ Specify Date)
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date January 2, 1979

____
(Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

CHAIRMAN
(Title – If Member, District and State)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

____
(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00 as of ______________________

ID ______________________

Benefits ______________________

Payroll ______________________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM
(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	November 1, 1978
Employee Social Security Number	**Type of Action**
212-56-6718	☒ Appointment ☐ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business________________ Specify Date)
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Researcher	$4,200.00

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date November 8, 1978 [signature]
(Signature of Authorizing Official)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

LOUIS STOKES
(Type or print name of Authorizing Official)

____
(Type or print name and title of above official)

Chairman
(Title – If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________
Monthly Annuity $__________.00 as of ______________________

ID ______________________
Benefits ______________________
Payroll ______________________

(Revised: August 1 1977)

Copy for Initiating Office or Committee

Certificate of Relationship/Nonrelationship to Any Current Member of Congress

Date Nov 2

To: Select Committee on Assassinations
(Employing Authority)

[X] I certify that I do not have any of the following relationships to any current Member of Congress.

father	nephew	sister-in-law
mother	niece	stepfather
son	husband	stepmother
daughter	wife	stepson
brother	father-in-law	stepdaughter
sister	mother-in-law	stepbrother
uncle	son-in-law	stepsister
aunt	daughter-in-law	half-brother
first cousin	brother-in-law	half-sister

[ ] I certify that I am the ______________________ of the
(Relationship)

Honorable ______________________.
(Name of Member to whom related)

Mary Susan Grimes
(Employee)

GPO 16-78695-3

DUCB 115
Rev. 9/78

DISTRICT UNEMPLOYMENT COMPENSATION BOARD

LOW EARNINGS REPORT—To be completed by the employer and delivered to the claimant at his request.

Employee's Social Security No. 212-56-6718 Name Mary Susan Grimes

1. During the CALENDAR WEEK beginning SUNDAY October 22 and ending SATURDAY October 28 (NOT your payroll week, if different), this employee worked ☐ FULL TIME ☒ PART TIME

2. His *gross earnings payable before deductions*, which include tips, cash value of meals, lodgings, and all other remuneration for that week were $ 63.64

3. Original employment date Oct 18 Last day worked October 25 and Reason for separation employee works one day a week until ~~end of December~~

4. Employer's Name and Address Select Committee on Assassinations U.S House of Representatives

Thomas Howarth October 25, 1978 Tom Howarth 2252980
(Signature of authorized official) J-55701 (Date) (Person who may be contacted) (Phone No.)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

OFFICE USE ONLY

☐ LER accepted as an Additional Claim (Earnings exceed eligibility amount.),

Date of Claim _________ Office Representative _______________

DUCB 115
Rev. 9/78

DISTRICT UNEMPLOYMENT COMPENSATION BOARD

LOW EARNINGS REPORT—To be completed by the employer and delivered to the claimant at his request.

Employee's Social Security No. 212-56-6718 Name Mary Susan Grimes

1. During the CALENDAR WEEK beginning SUNDAY October 15 and ending SATURDAY October 21 (NOT your payroll week, if different), this employee worked ☐ FULL TIME ☒ PART TIME

2. His *gross earnings payable before deductions*, which include tips, cash value of meals, lodgings, and all other remuneration for that week were $ 63.64

3. Original employment date Oct 18 Last day worked Oct 18 and Reason for separation employee works one day a week until end of DECEMBER

4. Employer's Name and Address Select Committee on Assassinations U.S. House of Representatives

Thomas Howarth October 18, 1978 Tom Howarth 225-2980
(Signature of authorized official) J-55701 (Date) (Person who may be contacted) (Phone No.)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

OFFICE USE ONLY

☐ LER accepted as an Additional Claim (Earnings exceed eligibility amount.),

Date of Claim _________ Office Representative _______________

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	9/15/78
Employee Social Security Number	**Type of Action**
212-56-6718	☐ Appointment ☐ Salary Adjustment ☐ Title Change ☒ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business ______) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number ______ If applicable, Level ______ Step ______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date September 14, 1978

______ (Signature of Authorizing Official)

______ (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

LOUIS STOKES, CHAIRMAN (Type or print name of Authorizing Official)

______ (Type or print name and title of above official)

______ (Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: ______
Chairman, Committee on House Administration

Office of Finance use only:

Office Code ______

Monthly Annuity $ ______ .00 as of ______

ID ______

Benefits ______

Payroll ______

(Revised: August 1 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	5/1/77
Employee Social Security Number	**Type of Action**
212 56 6718	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	$21,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date May 10, 19 77

(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

FO 5/11

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	4/1/77
Employee Social Security Number	**Type of Action**
212 56 6718	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	$44,600

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date April 29, 19 77

[signature]
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	2-1-77
Employee Social Security Number	**Type of Action**
212-56-6718	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Select Committee on Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	$12,915.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 11 of 95 Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date 2-28-77, 19____ ______________________________
(Signature of Authorizing Official)

Henry B. Gonzalez
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	1/3/77
Employee Social Security Number	**Type of Action**
212 56 6718	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Select Committee on Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	$13,650.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 11 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date______________________________, 1977

____
(Signature of Authorizing Official)

Henry B. Gonzalez
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Mary Susan Grimes	1/1/77
Employee Social Security Number	**Type of Action**
212 56 6718	[X] Appointment [ ] Salary Adjustment [ ] Termination (At close of business on effective date)
Employing Office or Committee	
Select Committee on Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Researcher	$21,000

(If Committee Employee, complete appropriate item below.)

1. [ ] Standing Committee: Staff—[ ] Clerical or [ ] Professional.
2. [X] Special or Select Committee: Authority—H. Res. 1540 of 94th Congress.
3. [ ] Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________If applicable, Level________Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 30, 19 76 ______________________________
(Signature of Authorizing Official)

Thomas N. Downing, Chairman
(Type or print name of Authorizing Official)

Select Committee on Assassinations
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code___________

Monthly Annuity $__________.00

Copy for Initiating Office or Committee

MEMORANDUM

TO: All Staff Employees

FROM: Budget Officer

DATE: January 3, 1977

RE: Payroll Certification

Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977).

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

All staff employees are requested to complete this form and return it to the Budget officer.

Approved
Richard A. Sprague

I am not related ✓

I am related by the following relationship ______________

Mary Susan Grimm
Signature of Employee

1/10/77
Date